



1st DISCUSSION DRAFT

Healthiest State in the Nation Campaign 2007 State Policy Priorities

Forward: Health, Policy and the Healthiest State in the Nation

The WHF believes health is more than freedom from illness. It is as simple and profound as having a strong mind, strong body and strong spirit. It includes mental health, dental health and physical fitness. A person's social and physical environment can promote health or place them at risk.

The WHF has chosen 18 nationally recognized health indicators related to our action areas in the Circle of Health to judge our progress in becoming the Healthiest State in the Nation. These indicators are more than just rates of illness and death from leading causes (e.g. heart disease and cancer). They include key known health risk and protective factors including education; income; ability to perform activities of daily living; freedom from addictions to tobacco, alcohol and other drugs; physical activity; nutrition; and a fully functioning system of public health protection in addition to receipt of good quality health services. The 18 indicators involve individual responsibility to make healthy choices, as well as collective responsibility to make healthy choices the easy choices.

To achieve this vision, WHF believes the choices individuals make are more likely to be healthy ones, when they are surrounded by healthy systems --- public and private systems that make healthy choices easy choices for everyone. Health policies are made when people build these systems – or when they fail to do so. Therefore, health policy is made in the public sector, in the private sector and at the community level. Through the Healthiest State in the Nation Campaign, WHF is working to advance policy leadership in all of these sectors.

#1 - Improve public health system performance and capacity

Primary HSIN Action Area:

- ***Investing in Prevention***

Key HSIN Measure:

- ***Public Health System Performance (PHIP Standards)***

Washington's local and state public health agencies judge the adequacy of our public health infrastructure using a set of broadly framed standards known as the Public Health Improvement Partnership or PHIP Standards.¹ A 2005 assessment against these standards revealed a wide range of public health system performance across the state. Overall, only about 60% of our public health system elements were found to be performing at levels identified by the standards.

In 2005, the United Health Foundation's State Health Rankings used a composite investment measure that included state mental health, and health clinic investments in addition to more traditional state investments in public health programs. Washington ranked 44th among the 50 states in this measure of public health spending at \$81 per capita.² This measure, as well as immunization rates (42nd) and receipt of prenatal care (37th) comprised the three lowest rankings our state received in the UHF Rankings, greatly reducing Washington's overall rank.

WHF Policy Summary:

There is an immediate need for state government to bolster public health agencies to respond to imminent threats from pandemic flu, terrorism, natural disasters and today's rapid transmission across continents of infectious diseases. Increased funding coupled with clear performance measures for improvement in this portion of our vital public health infrastructure should be the number one priority for improved public health investment by the state.

The legislature's Joint Select Committee on Public Health Financing will finalize its recommendations in July 2006. The Committee has discovered troubling inconsistency and inadequacy of resources and performance in local health jurisdictions and between core public health programs across our state.

WHF believes the Committee should spur state government into action over the 2007-09 Biennium to reform local and state public health program financing and accountability. The state should provide significant new funding through the state Department of Health tied to clear, measurable and consistent performance standards for core public health functions at both the state and local level. In addition to robust investments toward consistent performance in infectious disease control, the state should consider other activities now performed inconsistently by public health agencies throughout our state that may be

¹ <http://www.doh.wa.gov/standards/default.htm>

² *National Association of State Budget Officers published in the 2005 United Health Foundation State Health Rankings*

critical to the state's interest. Consistent public health assessments and environmental health programs seem obvious choices. Determining the public health system's roles in child and family health and in chronic disease prevention and management are also essential. However, it may be more difficult given the size and complexity of both the state's investments in these areas through DSHS, the common schools, health care purchasing and regulation and especially given the private sector's involvement in these areas.

Wherever the state decides to focus its investments and efforts in bolstering our public health infrastructure should not diminish local, federal and other state agency support for the other wide ranging and important programs managed and delivered through local public health agencies.

#2 – Close the health disparities gap

HSIN Action Area:

- ***Health Outcomes***

Key HSIN Measure:

- ***Health Disparities***

Health disparities are differences in the incidence or prevalence of illnesses, injuries, deaths or receipt of health services between sub-groups within the population. In Washington, as in all states, these disparities are most prominent between whites and several racial and ethnic groups including Hispanics, African Americans, Native Americans and Asian/Pacific Islanders. WHF found these disparities in most of the Outcomes and Key Measures we have adopted to guide the HSIN Campaign.³

WHF Policy Summary:

Washington cannot become the Healthiest State in the Nation if disparities persist in illness rates and in the level of health investment in our state's growing population of racial and ethnic minorities. WHF is proud of our role in passing a package of bills in the 2006 legislative session that have the potential to increase awareness of the problem in state agencies and in the larger community, and to begin building social consensus on solutions.

WHF believes that implementation of this legislative package should be the focus, including specific action on health disparities at the community, corporate and government levels.

Options for discussion for further substantive progress in this issue include:

- Increasing the number of minority members on health, housing and education related boards and commissions in state and local government and in the private sector
- Reducing tobacco use, particularly in partnership with Native American tribal governments
- Increasing attention to diversity in health professions school entry practices and results
- Eliminating the K-12 "Achievement Gap"
- Increasing literacy among minority children (K-9)
- Ensuring cultural diversity in target populations and strategies for early learning, childhood obesity, school health and other health promotion, disease prevention efforts
- Increasing the availability of interpreter services

³ <http://www.doh.wa.gov/HWS/doc/HWS2004Supp.pdf>
June 15, 2006 Draft for Discussion

- Ensuring that public and private health, housing and education budgets, management accountability mechanisms (e.g. GMAP) and leadership reflect the vision of eliminating health disparities at all levels.
- Provider health data requirements regarding minority health.

3 -Provide health homes⁴ for all our children

Primary HSIN Action Area:

- ***Increasing Value in Health Services***

Key HSIN Measure:

- ***Health Home***

The WHF developed its definition of health home, borrowing largely from the well developed literature on “Medical Homes” published by the American Academy of Pediatrics and by other sources. We owe a debt of gratitude to Dr. John Neff, Seattle Children’s Hospital and Medical Center, the Washington Chapter of the American Academy of Pediatrics, the Washington State Board of Health, the Children’s Alliance and others whose work on Medical Homes and on behalf of our children’s health pioneered this work in Washington State and across the nation.

WHF Policy Summary:

To make us the Healthiest State in the Nation, Washington cannot afford to leave a single child behind because of health. Good health is a key component in a child’s readiness to learn. Readiness to learn is a major key to higher educational achievement. And educational achievement is a major contributor to improved health status.

State government should act decisively so that in 2010, every child has a Health Home, and every child receives comprehensive, early and periodic health checks and timely treatment.

State efforts should begin immediately to plan, coordinate and begin implementing steps to

- educate the public, health providers and high risk groups about the value of routine preventive health care;
- to define outcomes for receipt of that care, including dental, mental health and developmental care;
- to begin reaching out to underserved populations using school nurses, public health nurses and other community health outreach workers;
- to eliminate waiting lists for eligible kids who present themselves to receive coverage and care;
- to encourage efficiencies and improvements in the standard of care; and
- to create clear, simple and direct accountability for receipt of care at all levels

⁴ “Health home” means an entity that promotes wellness for individuals and their families by coordinating care across all health circumstances, underlying conditions, health service needs, and settings over time by assuring that an individual or family has:

* a central resource for health and wellness information;

* a person serving as a health partner, advising on health decisions and coordinating all care;

* a central point for collection and coordination of key individual health information; and

* an individualized health plan actively implemented both by the individual or family and by their health service provider team.

#4 – Promote Healthy Eating and Active Living

HSIN Action Area:

- ***Engaging in Healthy Habits***

Key HSIN Measures:

- ***Physical Activity***
- ***Nutrition***

Options for discussion include:

- Remove barriers to physical activity by helping grass roots awareness building efforts like Feet First, Safe Routes to Schools and National Walk Your Child to School Day. Support public health agency efforts to provide input on state and local land use and transportation decision making. Finally, the state should maintain its financial commitment to increased public and policy-level awareness about health and the built environment, and over the longer-term, find a more stable funding strategy for it. Build more robust employee wellness programs including incentives for regular physical activity.
- Enforce and improve state funding and programming around the current state Board of Education requirement for physical education in schools or Propose “privatization of PE”
- Improve school nutrition policies and practices
- Expand Driver’s Education into “Mobility Education” including information about the means for and health benefits of walking and biking as primary means of routine daily travel.
- Promote students walking or biking to and from school by expanding the Safe Routes to School Program and through other efforts

#5 – Write a “Healthiest State in the Nation” state budget

HSIN Action Areas:

- ***Promoting Community Health***
- ***Increasing Value in Health Services***

Key HSIN Measures:

➤ ***All of those in the WHF Draft Report Card***

WHF Policy Summary:

An overarching strategic principle of the Healthiest State in the Nation Campaign is that greater health will be achieved in our state through a reallocation --- not necessarily an expansion--of our public and private investments in health related activities. This means we seek major shifts in priorities for spending and activity in the public and private sectors together with changes in individual health behaviors to accomplish our goal. Since the degree of change we seek is massive, we understand that under the best circumstances, it may be reasonably expected only over the course of many years. Nonetheless, we believe we can impact our measures and outcomes only as public and private economic, health, housing and education priorities shift toward support for HSIN targets. To lead the

effort toward reallocation, we will post a general set of state spending targets for the upcoming budget period, or for a budget period ten years from now, to illustrate the size and nature of reallocation we believe the success of the HSIN Campaign should produce.

Using the WHF Report Card and the Circle of Health as guides, such budget targets might include fewer new resources going to medical system inflation than has been the historic trend. These savings might be reallocated toward proven health promotion and disease prevention efforts, including the reduction of disparities in education, employment, income, housing and access to health services. In addition, the budget targets might reflect greater proportions of total spending for public health activities including improved opportunities for physical activity, improved environmental conditions, increased public messages about healthy diets and other healthy behaviors etc.

#6 – Articulate principles of universality in care or coverage

HSIN Action Area:
Investing in Prevention

Key HSIN Measure:
Insuring for Prevention

WHF Policy Summary:

WHF supports universal health care coverage for all Washingtonians as part of a larger commitment to improving the health of our entire population, while eliminating disparities in health between sub-groups. Health services are only a part, and likely, not even the most important single part, of a comprehensive health improvement strategy. While essential for individuals who are at immediate health risk, medical services are not, by and large, the most cost effective set of interventions society can make to improve health, avoid illness and increase the length and quality of our lives. For this reason, WHF believes “health reform” must keep health improvement and a fundamental shift in our spending priorities on health uppermost in our minds, even as we include all in health care coverage.

Still, some level of “universality” to medical care is a prerequisite to an effective health system. The fundamental value this should reflect is that of “fairness” though there is much disagreement as to what this specifically means in terms of services. Also, there is a general sense that the means to some “universal” end is a shared responsibility. Only by combining financial contributions and other commitments from individuals, businesses, and government can universal care or coverage for all Washington residents become a reality.

Principles we believe should guide a five year long path to universal access might include:

- A constant and overarching vision of health status improvement for the entire population
- Elimination of health disparities
- Equitable distribution of personal and corporate responsibility, both for personal behavior and financial participation
- Retention of a robust, private market for the delivery of health services
- Emphasis on receipt of timely proven preventive and ameliorative care, not simply financial eligibility for such care

- Improved value in the care delivered
- Accountability for health outcomes at all levels
- Significant reductions in the number and cost of middle level personnel engaged in the management, accounting, marketing and oversight of medical services.
- Significant standardization, simplification and reduction in the cost of administrative processes
- Re-allocation of some inflation related medical spending toward proven employment, education, housing and population based public health interventions.
- Re-allocation, as opposed to increases in resources devoted to medical services to achieve universal coverage